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APPLICANTS

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** CONTINUING DATA *****
 none
 mu

** FOREIGN APPLICATIONS *****
 none
 mu

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>William H. Eilberg</i> Initials: <i>mu</i>	STATE OR COUNTRY MD	SHEETS DRAWING 11	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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TITLE
 Computer simulation model for determining damage to the human central nervous system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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